

The Village Surgeries Group

Dr L Freeman BM DRCOG DFFP MRCGP Dr M Siddorn MB ChB MRCGP

Tattenhall Village Surgery, Ravensholme Lane, Tattenhall, Chester CH3 9RE
Farndon Village Surgery, Church Lane, Farndon, Chester CH3 6PT
Tel: 01829 771588

Proxy Access consent for children over 11 years of age

Dear Patient

You are able to register for online services at your GP Surgery. This allows you to look at your medical record, order medicines that you receive regularly, book appointments with a GP and see any test results. If you have your own email address and mobile number you may wish to have your own account. Please visit the surgery, with photographic ID, for example a passport, to set this up.

However, you may prefer to allow a parent/guardian to deal with these things for you. This is called "proxy access". If you wish this, rather than having your own access, it means the online services listed above will be attached to one of your parent/guardian's online accounts and they can access these services for you. **It is not possible to have both PROXY access and your own personal access – you will need to choose.**

If you wish to allow a parent/guardian to have 'proxy access' to your online medical services please sign your agreement (consent) at the bottom of this letter. You are free at any time to contact the surgery and create your own online account and remove their proxy access. To comply with the current law, on your 16th birthday any proxy access you may have decided to give to a parent/guardian will automatically be removed.

Consent for a parent/guardian to have proxy access to my online services

Child's Full Name.....**Child's DoB**.....

Address.....

.....**Post Code**.....

Email..... **Mobile No:**.....

Name of Parent/guardian to be given proxy access:.....

Parent/guardian's DoB..... **Relationship to child:**.....

Email..... **Mobile No:**.....

Please take this letter as my consent to give proxy access to my online services to the parent/guardian named above. I understand this will give my parent/guardian full access to my medical record, medication and test results. This consent is to remain in place until I remove it.

Signed..... Date.....

Office use Date patient contacted..... *Date sent to scan*.....